



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF INDIANA, INC. - EAST

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$335795486
Outpatient Patient Service Revenue	\$543732569
Total Gross Patient Service Revenue	\$879528055

2. Deductions From Revenue

Contractual Allowance	\$482296591
Other Deductions	\$39868065
Total Deductions	\$522164656

3. Total Operating Revenue

Net Patient Service Revenue	\$357363399
Other Operating Revenue	\$35506690
Total Operating Revenue	\$392870089

4. Operating Expenses

Salaries and Wages	\$153815260	Employee Benefits	\$41310704
Depreciation and Amortization	\$14422950	Interest Expense	\$1728201
Bad Debt	\$18974404	Other Expenses	\$127738050
Total Operating Expenses	\$357989569		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$34880520	Total Assets	\$678870527
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$359170922
Total Net Gains	\$34880520		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$383757021	\$284608529	\$99148492
Medicaid	\$187182381	\$95054218	\$92128163
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$308588653	\$142501909	\$166086744
Total	\$879528055	\$522164656	\$357363399

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$866862	\$-866862

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$119611	\$6524965	\$-6405354

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	24
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$39868065
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12598309	
HCI Payments	\$0		
Subtotal	\$0	\$12598309	\$-12598309
Medicaid Shortfalls	\$88742269	\$74958525	
Subtotal	\$88742269	\$87556834	\$1185435
DSH Payments	\$3,385,893		
Subtotal	\$92128162	\$87556834	\$4571328
Medicare Shortfalls	\$99148492	\$121267219	
Other Government Programs	\$0	\$0	
Total	\$191276654	\$208824053	\$-17547399

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

